

# Youth



**BOYS & GIRLS  
AGES 8 THROUGH 16**

**Sponsored by the  
Williamsburg Department of  
Parks & Recreation**



## **REGISTRATION INFORMATION:**

**Registration Deadline - September 13**

### **Registration Fee:**

\$35 for the first participant from each family,  
\$30 for each second child and \$25 for  
each additional child.

**At the Recreation Center:** The Quarterpath Recreation Center is open Monday through Friday, 8:00 a.m. to 9:00 p.m., Saturday 9:00 a.m. to 6:00 p.m. and Sunday 1:00 to 8:00 p.m.

**On-Line:** Registration for up to 2 children only with a valid MasterCard or Visa credit card. Visit [www.williamsburgva.gov/rec](http://www.williamsburgva.gov/rec).

**By Mail:** Complete the registration form on the reverse and make check payable to Williamsburg Recreation. Mail to 202 Quarterpath Rd., Williamsburg, Virginia 23185.

**NOTE:** To receive the discount for the third or subsequent child(ren), registration must be made for all children either by mail or at the Recreation Center.

## **GENERAL INFORMATION**

### ***Team Meetings/Practices:***

***Held at the Quarterpath Recreation Center  
Teams will be announced on these days!***

**Ages 8-12 - Wednesday, Sept. 15 - 5:15 p.m.**

**Ages 13-16 - Thursday, Sept. 16 - 5:15 p.m.**

### ***Clinic:***

**Wednesday, Sept. 15 - 5:30 p.m.**

The William & Mary Volleyball Team, coached by Debbie Hill, will conduct a clinic for players in *both age groups*. Please try to attend!

### ***League Play:***

Will begin the week of **October 4** and last for **six weeks**. Tentatively, both leagues will play on Mondays and/or Wednesdays at 5:30 or 6:30 p.m.

*All participants will receive a T-Shirt.*

**PARTICIPANTS MUST PAY THE  
REGISTRATION FEE BEFORE  
THEY CAN COMPETE.**

**ONLY THE FIRST 72  
REGISTRANTS WILL BE AC-  
CEPTED IN EACH AGE GROUP!**

## WILLIAMSBURG RECREATION

YOUTH VOLLEYBALL LEAGUE  
REGISTRATION FORM**PLEASE PRINT**

PLAYER'S NAME: \_\_\_\_\_ GENDER: M / F

LIVES WITH: (Check one) Father Mother Both AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

SCHOOL PLAYER ATTENDS: \_\_\_\_\_ GRADE: \_\_\_\_\_

Does the participant have a physical or medical impairment the Recreation Department should know about?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Specify \_\_\_\_\_

Diggers Division (Ages 8-12) \_\_\_\_\_

Jr. Olympic Division (Ages 13-16) \_\_\_\_\_

**FATHER OR GUARDIAN**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**MOTHER OR GUARDIAN**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I (We), the below-signed certify (1) That the above information is correct; (2) That in consideration and as a condition of the above identified registrant's participation in the Youth Volleyball program, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program; and (3) That the responsibility for carrying appropriate medical plans, including hospitalization lies with the below-signed parent/guardian.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**DEAR PARENT:** We are in need of volunteer coaches in order to have a successful program. Coaching takes only a couple of hours each week and does not require extensive knowledge of volleyball. If you are interested in being a coach, please sign below.

***We urge all coaches to attend a coach's clinic on Tuesday, September 14 at the Quarterpath Recreation Center at 7:00 p.m. as well as their first team assembly on either September 15 for ages 8-12 or September 16 for ages 13-16.***

NAME: \_\_\_\_\_ Head Coach: \_\_\_\_\_  
Asst. Coach \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

*In an effort to better insure the safety of all children participating in the many programs and activities, the recreation department now requires all coaches to undergo a background check. Your cooperation is imperative to complete this process at your earliest convenience since it takes 4 to 6 weeks to process. Please call 259-3760 if you are interested in coaching.*

**ADULT T-SHIRT SIZE** (Check one)

Small

Medium

Large

X-Large

XX-Large

**NO REFUNDS AFTER THE GAMES BEGIN** *Payment must accompany registration form.***OFFICE USE ONLY:**

REG. FEE PAID \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Receipt Number \_\_\_\_\_ Date \_\_\_\_\_